

STATE OF DELAWARE
SINGLE POINT OF CONTACT – SPOC
INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS
Office of Management and Budget
Haslet Building, 3rd Floor, Dover, Delaware 19901
(302) 739-4206



1. STATE APPLICATION IDENTIFIER:

S9-07-14-04

SPOC use ONLY

Month

Reviewer

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2. Applicant Project Title: **INDEPENDENT LIVING – OLDER BLIND, RECOVERY ACT**

3. Applicant Department: **Health & Social Services(DHSS)**

4. Applicant Division/APU: **Visually Impaired (35-08-01)**

5. Applicant Address: **1901 N. Dupont Highway, Biggs Bldg., New Castle, DE 19720 SLC: H150**

6. Contact Person: **Robert L. Doyle, III**

7. Contact Person's Phone Number: **(302) 255-9800**

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)

Robert L Doyle, III, Designee for Secretary Rita M. Landgraf

9. Federal Grantor Department: **U.S. Department of Education**

10. Federal Sub-Agency: **Office of Special Education and Rehabilitative Services**

11. Federal Contact Person: **Sue Rankin-White**

12. Phone Number: **(202) 245-7404**

13. Address: **400 Maryland Avenue ,S.W. Room 5057, Washington, DC 20202**

14. Federal Program Title:

**INDEPENDENT LIVING SERVICES FOR OLDER
INDIVIDUALS WHO ARE BLIND**

15. FEDERAL CATALOG NO:
(CFDA)

84 399

16. Project Description:

To provide statewide independent living services to the visually impaired through increased access to specialized skills training to visually impaired individuals age 55+.

17. Will funds be utilized for any technology initiatives? ☐ Yes ☒ No If so, Business Case Number and brief project summary:

18. Measurable Objectives:

a. What were last year's objectives?

N/A

b. Were these objectives met? (If not, please explain why)

N/A

c. What are this year's objectives?

1. Assist 10-15 visually impaired consumers with the purchase of low vision aids and payment of low vision examinations to maintain or gain independence and self- sufficiency.

2. Sponsor group training for consumers, caregivers, and community providers relative to community living, safety, adjustment to blindness, or vision rehabilitation services.

| | | |
|---|---|---|
| 19. Grant Period: From: 02/17/2009 To: 09/30/2010 | 20. How many years has this project been funded: 0 | 21. If the project was funded last year, how much federal money was awarded? \$0 |
|---|---|---|

| | |
|---|---------|
| 22. Source of funding for this application: | Dollars |
| a. Federal grant | \$3,170 |
| b. Other federal funds (Specify source of funding) | |
| c. Required state contribution 35-08-01 (Specify source of funding) | |
| d. Discretionary state contribution 35-08-01 (Specify source of funding) | 352 |
| e. Required local contribution (Specify source of funding) | |
| f. Other non- federal funds (Specify source of funding) | |
| TOTAL | \$3,522 |

| 23. Budget by cost category and source: | Federal Funds | State Funds | Other Funds | Total Funds |
|---|---------------|-------------|-------------|-------------|
| Salaries & Fringe Benefits | | | | |
| Personal or Contractual Services | | | | |
| Travel | | | | |
| Supplies & Materials | 3,170 | 352 | | 3,522 |
| Capital Expenditures | | | | |
| Audit Fees | | | | |
| Indirect Costs | | | | |
| Other | | | | |
| TOTAL | \$3,170 | \$352 | | \$3,522 |

| 24. How many positions are required for the project? (Exclude casual/seasonal employees) N/A | | | |
|--|----------------------------|------------------------|-------|
| Breakdown of position(s) | Authorized in State Budget | New Positions Required | Total |
| Paid for out of federal funds | | | |
| Paid for out of General Funds | | | |
| Paid for out of state special funds | | | |
| Paid for out of bond/local/other funds | | | |
| TOTAL | | | |

25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.